

Beginner's Course Application Form

Name								
Address								
Tel No Home								
Tel No Mobile								
E:mail address								
	Senior Junior Senior Citizen please delete as appropriate Over 17 and under 65 17 and under 65 and over							
If Junior member – date of birth								
Please indicate whether you have any medical condition which you think could impact on your ability to draw and shoot a bow. (This information is treated as confidential and will not be disclosed.)								
I enclose a cheque for £40.00 made payable to: Longbow Archers of St Sebastian								
I hereby apply to join a beginner's course in archery with the Longbow Archers of St Sebastian								

Thereby apply to join a beginner's course in archery with the Longbow Archers of S

Signed:

Date:

For Junior members:

The parents or guardians of under 18s must sign the consent section of this form. Please refer to the Club's Rules on the attendance of under 16s at club courses or meetings.

Parental Consent: I the undersigned hereby consent to the above named junior joining a beginner's course in archery with the Longbow Archers of St Sebastian. I hereby confirm that I am the applicant's Parent/Guardian.

Name:	 	 	 	 	
Signed.	 	 	 	 	

Date.....